INTRODUCTION

The health systems of sub-Saharan Africa have been badly damaged by the migration of their health professionals. The consequences for some countries of losing health workers are becoming increasingly recognized and aired widely in the public media; 1.3% of the world’s health workers care for people who experience 25% of the global disease burden. There are 57 countries with a critical shortage of healthcare workers, a deficit of 2.4 million doctors and nurses. Africa has 2.3 healthcare workers per 1000 population, compared with the Americas, where there are 24.8 healthcare workers per 1000 population (Table 1).1 The estimated shortage of healthcare workers for Africa is 817,992; correction of the deficit requires an increase in health workers of >130%.1

The distribution of doctors in Africa is shown in Table 2.2

The English-speaking countries (United Kingdom, United States, Canada, Australia, and New Zealand) have a special role in both the genesis of the problem of health worker migration and in its solution, as the migrating health workers preferentially choose to move to these countries. One obvious issue is the vacuum of job vacancies resulting from the inadequate supply of home-trained doctors and nurses. There is also the magnet of well-structured training programs, as well as enhanced financial security.

Migration of doctors to the United Kingdom (UK) reached a peak in 2003 when 18,701 doctors were newly registered with the General Medical Council; 13,967 (74.7%) were from outside the United Kingdom. By 2007 the numbers of international medical graduates (IMGs) registering with the General Medical Council was down to 5055 (45.2%) of the 11,188 new registrations.3 Interestingly, 1039 of the 5055 were from mainland Europe, and fewer were from Africa and elsewhere. The pattern is similar for nurses. In 2003, UK work permits were approved for 5880 health and medical personnel from South Africa, 2825 from Zimbabwe, 1510 from Nigeria, and 850 from Ghana, despite the fact that these countries were included among those proscribed for National Health Service recruitment.4,5 An unexpected development was that in March 2006, the UK Department of Health announced retrospectively the withdrawal of the visa category of “permit-free training” for IMGs in the United Kingdom. This change in policy meant that any overseas doctor offered a post in the National Health Service would only be able to take it up if there were no UK or European Economic Area (EEA) appli-